UNIFORM HAZARDOUS WASTE MANIFEST

lease prin	t or type with ELITE type (12 characters per inch).		STATE ID I	NUMBER	<b>8</b> 3031	558	3	
T	GENERATOR NAME AND MAILING ADDRESS			MANIFEST DOCUMENT NUMBER				
	Oil & Solvent Process Company 1704 WEst First Street			EPA ID NUMBER				
TO BE FILLED IN BY GENERATOR———————————————————————————————————	Azusa, California 91702 Tel 213 334-		CI ADIOI	વકા રા ળ	2   9   0   1			
	TRANSPORTER NO. 1	V	EH./CONTAINER	NO.	ÉPA ID NU	MBER		
	Oil & Solvent Process Company 1704 West First Street Azusa, California 91702			ار				
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		2010231415 EH./CONTAINER		CI AI 1001 01 831 01 291 013 EPA ID NUMBER			
			1 1 1 1 1 1				1 1	
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY				EPA ID NU	MBER		
	Omega Chemical Company 12504 E. Whittier Blvd.				2.7.10			
	Whittier, California 90602 Tel-213 334-511							
	AREA CODE/PHONE NUMBER				01014 22			
	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER	CAT NO	DISP D. METI	
	Hazardous Waste Liquid N.O.S. Orm-e N	A91 8	19   14 12   1	3 G	24 X3423D IM	2 1	1 1	
		1 1 1				1.,		
	COMPONENTS			CONC.	RANGE LOWER	UNI % I	TS PPM	
	Trichlortriflouoroethane			98	94	Х	,	
	Methanol / Ethanol		· · · · · · · · · · · · · · · · · · ·	2	0	X.		
	Water / Dirt / Oil			2	0	Х		
	SPECIAL HANDLING INSTRUCTIONS							
	Gloves & Goggles Aprild 12,673 lbs.							
	This is to fertify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are							
	in proper condition for transportation according to the applicable requirements of and the EPA.	ne Departm	ent of Transportation	мо	DAY	lΓ	YR.	
	Butty	UC	nan		10 17		בא	
	Printed or typed full name and signature  Check if continuation sheet is used. Number of continuation sheets	Betty	<u>Peckham</u>		4 1114			
<u> </u>	TRANSPORTER 1 ACKNOWLEDGEMENT OF AECELPT OF ABOVE WASTES	1.1	<del>,</del>	DATE MC	DAY	ПТ	YR.	
TO BE FILLED IN BY TRANSPORTER	Printed or typed full name and signature	alph		REC'D	1/17	٤	73	
	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES			DATE MO	DAY		YR.	
2 ₹	Printed or typed full name and signature DISCREPANCY INDICATION SPACE		AC	CEPTED				
TO BE FILLED IN BY TSDF								
BE I	Facility owner or operator: Certification of receipt of hazardous waste covered by in the discrepancy indication space above. Note: TSDF must domplete waste				E RECEIVED	& ACCE		
o <u>₹</u>	number. See instructions. OM LGA Chemical	EPA LA.A.A	ID NUMBER	MC MC			YR.	
<u> </u>	Printed or typed full name and signature TSDE SENIOS FUIS CODY TO	א טונטוי	121210101010101010101010101010101010101	<u>)                                      </u>			63	